Personal View

The merit award system was introduced at the same time as the National Health Service to bridge the gap between the principle that all consultants should be equal in status and salary and the recognition that some contributed special abilities. There was also the need to engage established high earning consultants in the new service. So one third of the 3488 consultants then in post were considered to warrant higher salaries in the form of three grades of merit awards.

The administration of and reason for the awards need to be reviewed for four reasons.

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Firstly the secrecy in negotiating and distributing the awards can no longer be acceptable. The trends are towards greater openness in decision making and freer access to information, yet consultants do not know which of their colleagues have an award or why. This is demoralising, divisive, and leads to feelings of grievance. It may become a disincentive to effort on the part of those who feel unfairly excluded. Sir Stanley Clayton, a previous chairman of the Advisory Committee on Distinction Awards, supports concealment of names of award holders "to prevent patients, general practitioners, NHS authorities or committees, or the press from making judgments on the status of consultants." The contrary argument might be equally valid, that external evaluation might provide a reassuring checking and monitoring procedure.

Secondly, there is no external appeal machinery available to the consultant who feels unreasonably excluded and so trapped in the secrecy of the system.

Thirdly, it seems likely that because only the minority are in the long term excluded from receiving an award there is a distortion of the basic salary range. This probably depresses the salaries of the younger consultants, of those who never achieve an award, and also of most women consultants.

Finally, because of the large numbers, it is doubtful whether equity is achieved or indeed achievable for there are no precise criteria by which to choose the recipients. The number of consultants in England and Wales has now risen to 15 465, of whom just over 2000 are women.

Once received an award augments the holder's salary and pension for the rest of his or her life and opens the way to a higher award. In 1987 merit awards will account for an expenditure of £64 703 380 of taxpayers' money. This is shared fairly equally between 3902 C awards, 1697 B awards, and 834 A and A+ awards, each group accounting for £21 to £22m. At any time about 40% of consultants hold an award and, of course, awards are acquired as careers progress. In 1980 three quarters of male consultants (but only one third of female) could expect to receive at least a C award during their working lifetime. In the teaching hospitals over a half retired with at least a B award.

In 1980 only 15·1% of women had an award as against 37·9% of men. By 1985, 20·8% of women had some award with 16·6% holding a C, while 37·1% of men had some award, 22·6% holding a C. The bias remains more evident with higher awards held by 15·4% of men and 4·2% of women. Women continue to be under-represented on award committees.

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If merit awards are taken into account in determining consultants' salaries the absence of an award or late award will dramatically affect lifetime earnings. Explanation of how this is achieved is required, for the present chairman of the Advisory Committee on Distinction Awards (Sir Gordon Robson), in defending the system, describes the consultants' basic salary as being "in national and international terms, a very low salary level for high achievers." He goes on, "The distinction award system is good for the NHS, providing a powerful incentive for improvements, and an alternative to the market place." What is his evidence? If improvements are indeed achieved are they as permanent as the salary increase? Do those holders of awards who have the right to the market place take less part in it than they would otherwise? On the contrary, the uncertainty of the financial benefit in the present system deters some of the most able from an academic career, since their talents will more surely be rewarded in the market place. The chairman explains that the merit award system is preferable to open payment of higher salaries to holders of some nominated posts because those holding the appointments carrying larger salaries might not always justify the salaries by the standards of their work and there would be no way of rewarding excellence in other posts.

There seems no reason why these two factors must be linked. There could be a limited system of special awards as well as salary differentials—for example, higher salaries for academics who cannot earn money from private practice, for posts requiring unusual skills or abilities, and for posts with an excessive amount of extra out of hours duties. Alternatively, the money could be used to fund extra consultants or junior staff or both to reduce the excessive workload. Perhaps the basic salary scales for consultants are just too low.

The chairman also deplores the prospect of consultants moving to another post for a salary increase, but those who have the opportunity do now move to more prestigious posts where merit awards and private practice prospects are augmented.

The present chairman refers for guidance to his predecessor on criteria for making awards to individuals. "The criteria . . . cannot be rigidly or uniformly defined. . . . There must be more than an average effort or contribution." How can three quarters of the contestants exceed the average unless the lowest quarter are very bad?

A method of payment that ultimately provides a yearly bonus to three quarters of the entire group cannot be held to be a true system for recognising exceptional service. It seems to be a way of increasing the earnings of the majority, concealed by secrecy. Clinical excellence is stated to be the fundamental criterion for an award. But the decision making process makes it impossible for most committee members to have personal knowledge of those being considered. The direct users of the service—patients and local general practitioners—are not consulted.

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It seems that decisions are reached by some sort of advocacy and adversarial debate. Consultants are not able to comment on the accuracy of information provided about them and they cannot know what has been said for or against their own case. Looking at the logistics leads to the conclusion that an award depends at least as much on who you know as on what you do.

Although there have been unsuccessful attempts to alter the system, notably by the Hospital Consultants and Specialists Association, it continues to be unopposed by the majority. Presumably the momentum to continue the system is related to the expectations of the majority who hope to gain from it and to the indifference of those who do not realise how widespread the system is and so do not expect to participate. In order to assess the effects and value of the merit award system it should be open to proper scrutiny.

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